

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

19

2442

## DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 38 N. 4th Street, Allentown, PA 18102

Address of Defendant: \_\_\_\_\_

Place of Accident, Incident or Transaction: Lehigh

THIS CASE IS RELATED TO: 19-2441

Date Terminated: \_\_\_\_\_

CIVIL ACTION NO. 19-2442  
CRIMINAL NO. \_\_\_\_\_

ASSIGNED TO: Judge Padova

ie year Yes ☐ No ☐ior suit Yes ☐ No ☐ier Yes ☐ No ☐rights Yes ☐ No ☐

pending or within one year previously terminated action in

DATE: 06/05/2019

Dana McG...

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

## CIVIL: (Place a ✓ in one category only)

## A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
- ☐ 2. FELA
- ☐ 3. Jones Act-Personal Injury
- ☐ 4. Antitrust
- ☐ 5. Patent
- ☐ 6. Labor-Management Relations
- ☒ 7. Civil Rights 555
- ☐ 8. Habeas Corpus
- ☐ 9. Securities Act(s) Cases
- ☐ 10. Social Security Review Cases
- ☐ 11. All other Federal Question Cases
- (Please specify): \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
- ☐ 2. Airplane Personal Injury
- ☐ 3. Assault, Defamation
- ☐ 4. Marine Personal Injury
- ☐ 5. Motor Vehicle Personal Injury
- ☐ 6. Other Personal Injury (Please specify): \_\_\_\_\_
- ☐ 7. Products Liability
- ☐ 8. Products Liability - Asbestos
- ☐ 9. All other Diversity Cases
- (Please specify): \_\_\_\_\_

## ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, \_\_\_\_\_, counsel of record or pro se plaintiff, do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:

☐ Relief other than monetary damages is sought.

DATE: \_\_\_\_\_

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**CASE MANAGEMENT TRACK DESIGNATION FORM**

Shaner

CIVIL ACTION

v.

NO. **19 2442**

PrimeCare Medical Inc., et. al.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ☐
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ☐
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ☐
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ☐
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases. ☐
- (f) Standard Management – Cases that do not fall into any one of the other tracks. **555** ☒

JUN - 5 2019

Date

Deputy Clerk

Attorney for

Telephone

FAX Number

E-Mail Address

JP

FORM TO BE USED BY A PRISONER FILING A  
42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

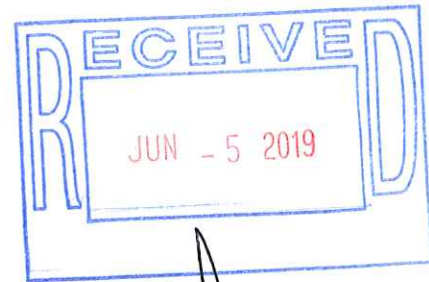
19 2442

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I. CAPTION

Harvey M. Shener Jr.  
(Enter the full name of the plaintiff or plaintiffs)  
v.

PrimeCare Medical Inc.  
Amcade Benner  
(Enter the full name of the defendant or defendants)



FILED  
JUN 5 2019  
KATE BARKMAN, Clerk  
By [Signature] Dep. Clerk

II. PARTIES

a. Plaintiff  
Full name: Harvey M. Shener Jr.  
Prison Identification number: 19344C  
Place of present confinement: Lehigh County Jail  
Address: 38 N. 4th St. Allentown, Pa. 18102  
Place of confinement at time of incidents or conditions alleged in complaint, including address:  
2B-37, 3B-29/38 N. 4th St. Allentown, Pa. 18102  
Additional plaintiffs: Provide the same information for any additional plaintiffs on the reverse of this page or on a separate sheet of paper.

b. Defendants: (list only those defendants named in the caption of the complaint, section I)

- Full name including title: Health Service Administrator Amcade Benner  
Place of employment and section or unit: Lehigh County Jail
- Full name including title: \_\_\_\_\_  
Place of employment and section or unit: \_\_\_\_\_
- Full name including title: \_\_\_\_\_  
Place of employment and section or unit: \_\_\_\_\_
- Full name including title: \_\_\_\_\_  
Place of employment and section or unit: \_\_\_\_\_

Additional defendants: Provide the same information for any additional defendants on the reverse of this page or on a separate sheet of paper.



- a. Describe the administrative procedures available to resolve the issues raised in this complaint:

Type of procedure. (grievance, disciplinary review, etc.)

grievance

Authority for procedure. (DC-ADM, inmate handbook, etc.)

inmate handbook

Formal or informal procedure. Formal

Who conducts the initial review? Lt. Kiefer

What additional review and appeals are available? the appeal goes

to Warden Kyle Russell

- b. Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint:

On what date did you request initial review? 5-20-19

What action did you ask prison authorities to take? to be taken to

the hospital for cancer treatments & get mental health treatments

What response did you receive to your request? They denied my

grievance

What further review did you seek and on what dates did you file the requests? I appealed

to the warden on 5-23-19

What responses did you received to your requests for further review?

They denied my appeal

- c. If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why?

## V. STATEMENT OF CLAIM

*Instructions:*

State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.

*Statement of Claim:*

I was diagnosed with a cancerous tumor in my lower back before being placed in jail, 2 times my family has mailed in my medical records and Prime Medical refuses to treat my illness which needs attention right away. I've submitted medical requests and all they do is push on it which causes severe pain in my back, the only thing medical wants to do is give me Tylenol. I need to get it operated on and then treated. The next part is that I was diagnosed with "PTSD" after a court ordered mental evaluation after my attorney received the report and submitted to Prime Medical. I've submitted 11 medical requests and they refuse to see me so I can get medications.

## VI. RELIEF

*Instructions:* Briefly state exactly what you want the Court to do for you.

*Relief sought:*

I want to be sent to Lehigh Valley Hospital Cancer center for treatment and then to the hospital for mental treatment. I'm also seeking a financial settlement of \$500,000 from each defendant.

## VII. DECLARATION AND SIGNATURE

I (we) declare under penalty of perjury that the foregoing is true and correct.

5-28-19

DATE



SIGNATURE OF PLAINTIFF(S)